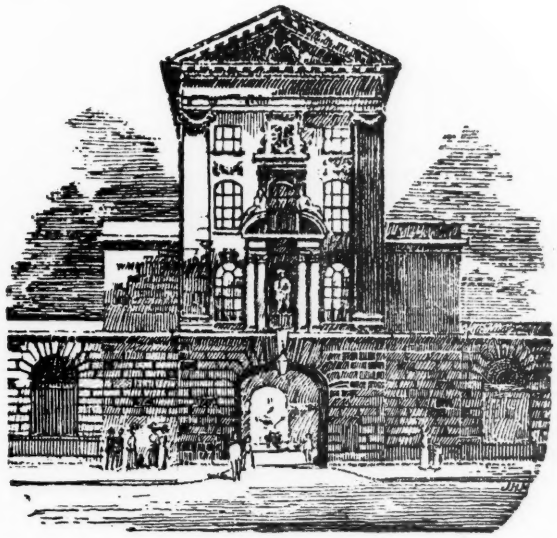
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIV.—NO. II. AUGUST, 1927. [PRICE NINEPENCE.

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXIV.—No. 11.] AUGUST 1ST, 1927. PRICE NINEPENCE.

CALENDAR.

Tues., Aug.	2.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Fri.,	5.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Tues.,	9.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Fri.,	12.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues.,	16.	—Prof. Fraser and Prof. Gask on duty.
Fri.,	19.	—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat.,	20.	—**Last day for receiving matter for the September issue of the Journal.**
Tues.,	23.	—Sir Percival Hartley and Mr. McAdam Eccles on duty.
Fri.,	26.	—Sir Thomas Horder and Mr. L. B. Rawling on duty.
Tues.,	30.	—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.

EDITORIAL.

DRAINPIPES, Demolition and Desertion form the retinal picture of the eye that looks on the Hospital this August; but the eye that envisages the antenatal August number of the JOURNAL would twinkle with honest joy if it saw even these as prospective copy. No time to complain, Mr. Editor. Write the thing yourself, illustrate it and correct the proof, and then you can enjoy an attenuated holiday. Just one word, however, nobody reads the August number, so don't spend too long over it.

Talking of demolition, it may be of interest to publish a little information on the workings of the master-mind who is directing operations. Clearing of the back of the south wing (Christ's Hospital Buildings) is being started after August Bank Holiday to make way for the new Surgical Block, which comprises five new operation theatres and ten new surgical wards, each floor being complete in itself. This will take one year and nine months to build probably. The Recreation Rooms for nurses at the back of Queen Mary's Home will consist of one large room 40 feet square, one small room 26 feet square and a library on the ground floor. This will be completed within nine months. To take the place of the Christ's Hospital Buildings temporary accommodation for the nurses is being made on the site of the old Surgery, and should be ready by the middle of August. Though this cannot remain long because of the ordered widening of Little Britain, it looks very magnificent.

We have received many tender inquiries about the pipes by the School Offices lying like exposed nerves in a carious tooth. These complete the ring main for the central heating and also the steam mains. All the heating of the Hospital now comes off one boiler-house. Thus in the last few years about twenty low-pressure boilers have been cut out. They seem to be making the old place quite modern. We hope this semi-technical exposition will satisfy some of the morbid curiosity of those who stand through the long summer days, idly watching plumbing operations instead of surgical ones. The latest ground-plan from head-quarters is reproduced on another page.

* * *

The great event of the past month was undoubtedly the wedding of that popular figure, Mr. C. C. Carus Wilson, Assistant Clerk to the Governors, to Miss O'Shaun, on the 9th, in the Church of St. Bartholomew's-the-Less. The Vicar performed the service, and the bridegroom proudly proclaims that his was the first wedding for seven years at that church, which in the last 100 years of its life has seen only 47.

* * *

All old Bart.'s men will hear with regret of the retirement of Sir Frederick Andrewes from the Professorship of Pathology.

In wishing Sir Frederick many years in which to enjoy his freedom from the strain of directing the Pathological Department, which he has undertaken for thirty years, we are glad to know that he will continue to carry out his researches amongst us.

We extend a hearty welcome to Dr. E. H. Kettle on his appointment as Professor of Pathology.

Prof. Kettle studied at St. Mary's Hospital Medical School, and obtained the M.B., B.S. degrees (Lond.) in 1907, and the M.D. degree in Pathology in 1910. In July, 1907, he was appointed Assistant Pathologist to St. Mary's Hospital, in December, 1908, Pathologist to the Cancer Hospital, London, and in 1912 First Assistant Pathologist to St. Mary's Hospital and Assistant Lecturer in Pathology in the Medical School. From 1916–18 he was attached as a Civil Surgeon to the 3rd London General Hospital for the purposes of supervising the work of the Pathological and Bacteriological Laboratories, which post he held concurrently with his appointment at St. Mary's Hospital. In 1920 he was appointed Pathologist and Lecturer in Pathology at St. Mary's Hospital, and later, Director of the Department of General and Special Pathology in the newly-formed Institute of Pathology and Medical Research. Since 1924 he has been Professor of Pathology and Bacteriology in the Welsh National School of Medicine, Cardiff. He is also Honorary Pathologist to the Cardiff Royal Infirmary, the City Lodge Hospital, and the City Fever Hospital, Cardiff. In 1926 he was admitted M.R.C.P. He is a Fellow of the Royal Society of Medicine and Vice-President of its Pathological Section; a member of the Committee of the Pathological Society of Great Britain and Ireland; and a member of the Medical Research Club. He has examined for the Universities of London and Cambridge.

PARALYTIC SCOLIOSIS.

SCOLIOSIS occurring in infantile paralysis is generally dismissed somewhat curtly in the text-books, the usual statement being that scoliosis results from paralysis of the spinal muscles, mention sometimes being made of the fact that the abdominal and other trunk muscles should be included as spinal muscles. This fact does not represent more than a very small fraction of the causation of paralytic scoliosis. The maintenance of a straight spine depends upon the accurate balance of very extensive groups of muscles upon a level pelvis. Any interference with the relative power of groups of these muscles or any interference with the level position of the pelvis may produce a deviation of the spine, which results in scoliosis, which, at first a simple habitual posture, rapidly develops into a fixed curve with bony deformity. The scoliosis may be initiated by a tilt of the pelvis, by a failure in balance of any of the spinal muscles, by some inequality in action of the muscles of the upper limbs, or by a tilt of the head to one side. Any or all of these factors may be a cause of a paralytic scoliosis, so that the accurate investigation of a paralytic scoliosis is both important as part of the clinical examination of the case, and also useful as an exercise in considering the causation of deformity.

TILTING OF THE PELVIS.

The most apparent cause of the tilting of the pelvis is a shortening of one lower limb, but it is well recognized that such a shortening is not a frequent cause of a fixed scoliosis. The reason for this is that when one lower limb is shortened the pelvis is only tilted downwards on that side when the patient is standing squarely on the two legs with both knees straight. The tilt of the pelvis is ceases to be present directly he sits or lies down, and also when, as in walking, the weight is placed alternately on one or other leg.

A permanent tilt of the pelvis produced by an abduction deformity of one hip is a frequent cause of a primary lumbar curve in a child with infantile paralysis. The pelvis is tilted downwards on the side of the abducted hip, and a lumbar curve towards this side is produced. A secondary dorsal curve in the other direction is likely to arise. A fixed adduction deformity producing curvatures in the opposite direction is less common in infantile paralysis, but does occur. In addition a complete loss of the abductors of the hip on one side necessitates a dropping of the pelvis upon the opposite side when weight is put upon the affected limb (Trendelenburg's sign). For example, if the abductors of the right hip are paralyzed, when weight is borne upon the right lower limb the left side of the pelvis drops, and curvature of the spine to the left arises. When weight is taken upon the sound limb the right side of the pelvis rises and the curvature to the left persists. Thus, in such a case the spine is always convex to the left, whereas with normal limbs it becomes convex alternately to the right and left as weight is borne on each leg in turn. Therefore, a paralysis of the right hip muscles tends to produce a primary curvature of the spine to the left in the lumbar region.

PARALYSIS OF THE SPINAL MUSCLES.

When a segment of the erector spinæ is weak upon one side, a convexity of the spine tends to arise towards this side. This type of paralytic scoliosis may sometimes be clearly shown up if the patient is made to lie upon his face with hands behind the neck and then to hyper-extend the spine, using the erector spinæ strongly. The powerful contraction of the stronger erector spinæ upon the concave side of the curve will then actually cause a visible increase in the deformity. This type of curvature, due to a localized paralysis of a part of the erector spinæ, is rare. It is more common to find a curvature arising which is apparently due to a more general inequality of the trunk muscles on the two sides, so that it is difficult to determine which exact segments of the muscles are particularly weak. The condition of the abdominal muscles and of the intercostals and diaphragm should also be observed in these cases, as a paralysis of either affecting one side more than the other tends to throw the spine out of alignment. Another probable cause of paralytic scoliosis is an inequality in the action of the psoas muscles on the two sides. It seems to be quite clear that a powerful psoas on one side, unbalanced by a similar muscle on the other side, can pull the spine at the region of the dorso-lumbar junction towards itself, producing in this way a convexity towards the side of the sound psoas at about the dorso-lumbar junction.

PARALYSIS OF THE UPPER LIMBS.

When one arm is severely paralysed and is very little used, the failure of action in the scapular muscles upon this side allows an unbalanced action of those on the side of the strong arm, and the latter tend to produce a convexity of the spine in the whole dorsal region towards the side of the sound arm. A second type of scoliosis may occur in paralysis of the upper limb when the arm is used to a considerable extent, but the scapular muscles, particularly the trapezius, are weak, and fail to produce satisfactory rotation of the scapula. Efforts at elevation of the arm are then accompanied by the production of a convexity in the upper dorsal region towards the side of the paralyzed arm, and the deformity thus produced may persist as a definite fixed scoliosis.

A consideration of these points will indicate that every paralytic scoliosis requires very careful analysis before treatment is undertaken. It is impossible to lay down stereotyped lines upon which treatment can be undertaken; supports or fixation operations are often indicated, but this treatment should not be carried out until remediable deformity, such as a fixed abduction or adduction of the hip, has been corrected, or a paralysis of the upper limbs treated and improved, as far as this is possible.

R. C. ELMSLIE.

CLINICAL NOTES ON SANOCRYSIN TREATMENT.

THESE notes are based on the study of some 40 cases of pulmonary tuberculosis which I have seen treated at the Brompton Hospital during the last six months. A few of them are cases which have come up for a second course, but with these exceptions, any results given are open to the usual objection that they are only available over a short period of time. Certain valuable conclusions may be arrived at, however, even after a single course of treatment: the symptoms may be very greatly ameliorated, especially as regards fever and expectoration, and sometimes a Group III case may be improved so much as to be accepted by an "A" class sanatorium. The sceptic—and one must always be sceptical over "cures" for pulmonary tuberculosis—will at once attack the last statement by asking, "Was it the sanocrysin after all?" The answer is that rest and hospital *régime* will certainly do wonders; it is rare, however, for a moderately advanced case, with bilateral signs and a nightly temperature of 100° F., to be so improved in three months by rest alone that while up eight hours a day they are still apyrexial, and it is also uncommon for an "open" case to become T.B.-negative in that time. Yet this result has been obtained in 14 cases of the 40, and there is every prospect of it happening in 4 more when their treatment is concluded. Charts A1 and A2 show how the daily sputum tends to disappear (far more rapidly than in ordinary cases), and B1, B2 and B3 show how the pyrexia may be terminated. Charts are available of other successful cases, but space forbids their reproduction.

I do not claim that sanocrysin by itself produced those successful results. *Rest*, as always, is the prime factor in the treatment of all forms of tuberculosis, and the gold injections are always accompanied in the first instance by enforcement of absolute rest. It is significant, however, that a large number of the cases which come to the Brompton Hospital are highly resistant, and have previously been through the hands of many ardent supporters of rest, artificial pneumothorax, tuberculin, calcium, vaccine, serum, or other treatments without marked improvement; even these have been found to improve after sanocrysin and to recommend it strongly.

Perhaps the effect is non-specific—an active immunity produced by liberation of small amounts of toxin; perhaps it is difficult to believe that so small a concentration of the drug as could be within reason produced locally by intravenous injection would be able to

produce a lethal effect on tubercle bacilli in lung-tissue. Perhaps, as Sir Almroth Wright said at the first meeting on the subject held by the Royal Society of Medicine, all this fuss has been made before in connection with a certain good effect upon the patient, as is shown in most cases by a lowering of temperature and pulse-rate, and in improvement of cough and sputum, for which the patients are often effusively grateful.

CHART A1.

N—

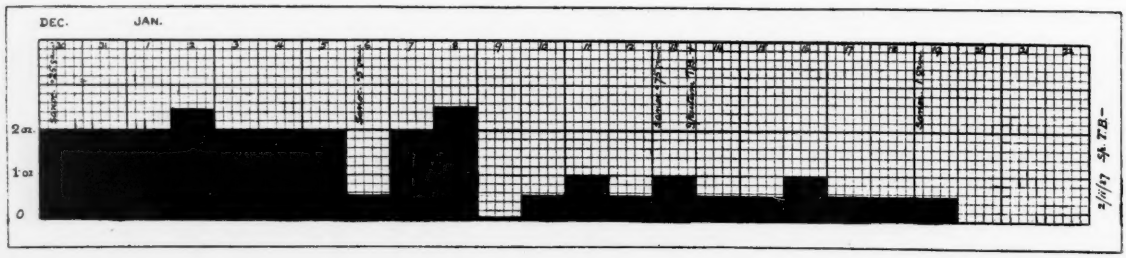


CHART A2.

B—, 2nd Course.

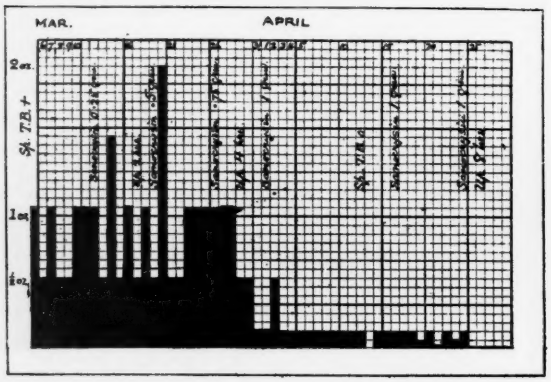


CHART A3.

D—

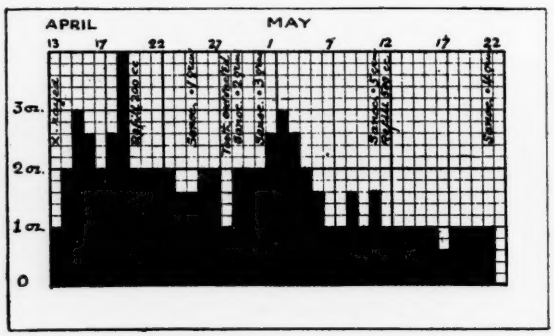
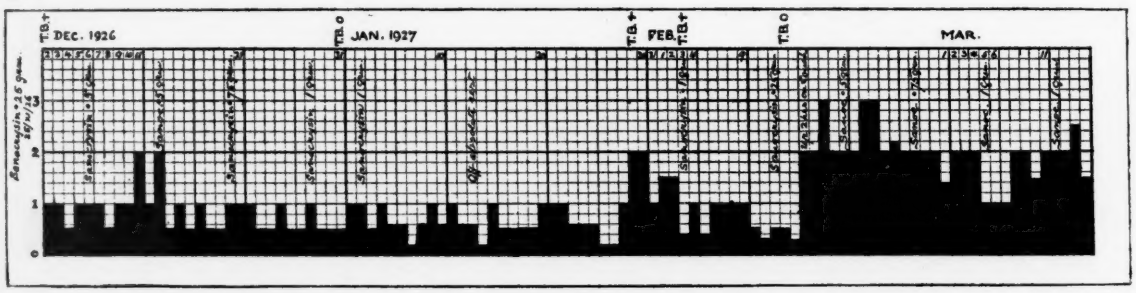


CHART A4.

R—



the tuberculins; yet two facts remain: (1) This drug can be definitely given without harm in all cases, which cannot be said of any of the potent tuberculins; (2) nearly everyone agrees that it does for a time get rid of the tubercle bacilli in the sputum. Even if this last happens only for a short time, it cannot be without

It can be legitimately said that in this series of cases there was not one in which the patient's chance of ultimate recovery had been in any way interfered with. This was partly because the practice was adopted of treating only those cases who seemed unlikely to be recovered by more conservative means, and partly

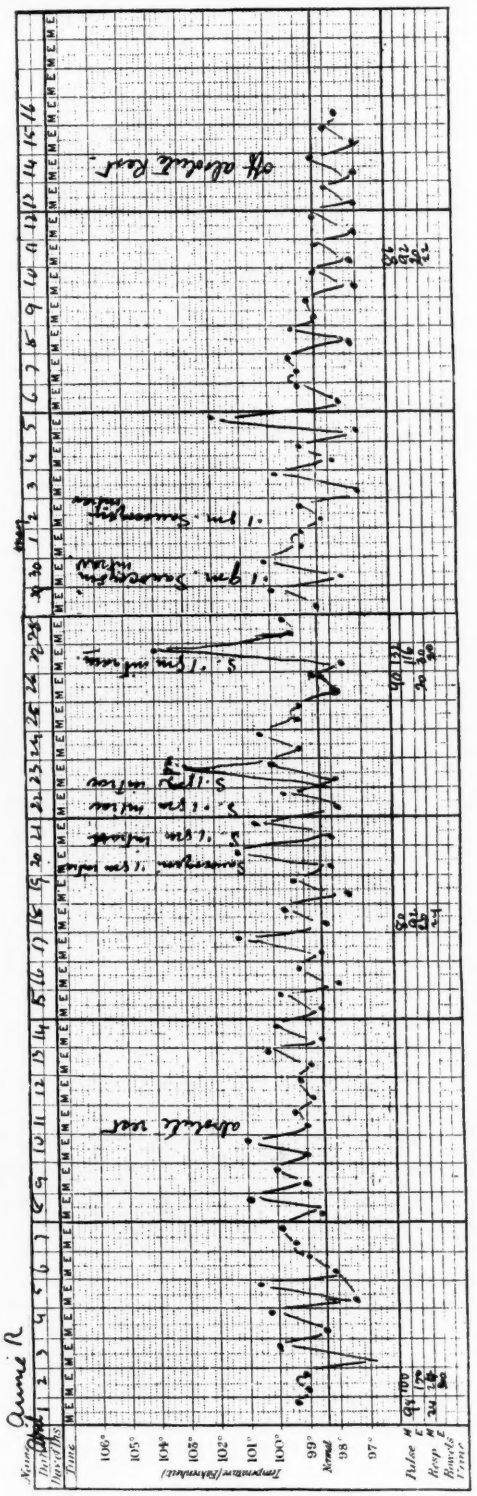


CHART B1.

because great care was taken not to give the gold to highly intoxicated patients or those with diarrhœa or albuminuria. On the other hand, in a number of cases the larynx was affected; far from being a contra-indication, an early infiltration of the larynx would appear to indicate an active attempt to stop the coughing up of tuberculous sputum through the inflamed glottis.

Many conflicting reports have appeared from time to time. The latest and also the most favourable is that of Dr. Andrew Morland, from Montana (*Lancet*, March 26th, 1927). He considered that out of his 30 cases, improvement in 17 was due, at least partly, to sano-crysin, while in 8 others the improvement could not be definitely ascribed to the drug. Many consider Dr. Morland to be prejudiced in favour of the treatment, but conversation with several of those who have worked under him gives one a high opinion of the value of his results. Prof. Mollgaard's 1927 brochure on the drug he invented forms the most comprehensive account now available; it is written in four languages and contains a very complete bibliography. Further, it is remarkably open-minded, stating quite definitely when recent workers have failed to confirm Mollgaard's results. We have had the privilege of his advice in our wards on a number of occasions, and this has been invaluable.

The mode of administration is now fairly thoroughly established, though it must be stressed that each case must be considered on its own merits. Our custom has been to begin with a trial dose of 0·1 grm. in all but adult men. Reactions to this dose are usually so marked in nearly all women that it is rarely necessary to increase it. It is usually given by the intravenous route, dissolved in 5 c.c. of sterile water; in those few cases where the veins are impossibly small, a 3% solution intramuscularly has to be used, the same dose being given. The intramuscular reactions appear often to show a higher temperature than the intravenous ones, but do not seem to be so effective a treatment. The course for a male adult usually consists of weekly injections of 0·25 grm., 0·5 grm., 0·75 grm., and four doses of 1 grm. each. Prof. Mollgaard stresses the importance of never giving two doses of more than 0·5 grm. within a week as excretion is slow, and cumulation has given rise to results akin to acute salvarsan poisoning. Further, to be on the safe side, a subsequent dose is not given until the reaction from the preceding one has completely subsided.

It was ignorance of this rule that caused my only two cases of dermatitis, which have not been repeated since. With the 0·1 grm. doses about seven injections are given as nearly as possible on successive days, but allowing for the temperature to become reasonably low (Chart B1).

With the exception of the two cases of dermatitis above mentioned we have had no serious complications. Transient rashes have occurred, but at Prof. Mollgaard's suggestion 10 c.c. of a 10% solution of sodium thiosulphate was promptly given intravenously as a prophylactic. This was also done in the dermatitis cases; whether affected or not by the thiosulphate, the skin soon got perfectly smooth again after desquamation. For a local reaction in the arm, occasionally painful and akin to a "salvarsan arm," a 5% solution of thiosulphate injected subcutaneously proved very beneficial.

Great care was taken to test the urine for at least three days after every injection, and for as long as albumen was likely to be present when once found. Dr. Wingfield, at Frimley, finds that with careful testing, albuminuria can be detected at some time in every case—generally on the third day after an injection. Whether this argues for some renal damage or not remains to be seen. Dr. Burrell attaches little importance to a transient haze of albumen. Gastro-intestinal disturbances appear to be very common, and care should be taken to avoid giving the drug in any quantity to a patient with dyspepsia or diarrhœa. In three of our cases who suffered from diarrhœa for more than a day after a gramme dose, cessation of the injections ended the trouble.

At Copenhagen they stress the danger period at about the third injection, or during a second course if insufficient intervals have been given. The temperature remains high for a week, and then begins to go still higher as the liver becomes affected. They are convinced of the value, in such cases, of 10–30 c.c. injections of a serum obtained from sanocrysinized tuberculous animals, but insist that there will always follow a very marked local reaction from the serum if sanocrysin is injected within forty-eight hours. We have not had experience of severe reactions of this sort (which are becoming universally rare since effective standardization of the drug), so that we have had no occasion to use serum to counteract the effects of sanocrysin. We have, however, employed a serum of Capt. Douglas, obtained by injection of Dreyer's diaplyte vaccine into horses, for the purpose of lowering the temperature when sanocrysin has failed to do so. This serum is apparently less potent than the Copenhagen one, but certainly produces quite noticeable effects. We are convinced that its action is non-specific, that it acts by means of shock, and that, therefore, its action is bound to be more or less temporary.

Having described the effects, dosage and complications, the most interesting problem remains to be discussed. On what types of case does sanocrysin produce its effects? Some respond at once and quite evidently; others remain completely untouched. What is the difference which decides this effect? We have carried out a number of investigations by means of vital capacity, basal metabolism, blood-pressure and sedimentation estimations. These appear merely to emphasize the obvious. The basal metabolism and sedimentation-rate run roughly parallel; both are increased during the reaction after an injection and both come down in a case which is responding. Since they represent the degree of intoxication (a TB + Group III case often has a basal metabolism of about + 30), it is obvious that patients with a low sedimentation-rate and basal metabolism will react better to any form of treatment than those more toxic. This is especially true with sanocrysin, which quickens up the metabolic processes and increases the pulse-rate and temperature. Successive estimation of the basal metabolism is a definite measure of improvement or the reverse, as is shown by the following figures, for some of which I am indebted to Dr. Williamson, of the Brompton Hospital Pathological Department:

CASE 1.—4.2.27: B.M.R. + 32%. Sputum 2 oz.
7.2.27: B.M.R. + 27%. Sputum 2 oz.
14.2.27: 0·25 grm. sanocrysin. No reaction.
18.2.27: B.M.R. + 1%. Sputum 1 oz.
23.2.27: B.M.R. + 9%. Sputum 1 oz. 0·5 grm. sanocrysin; slight reaction.
2.3.27: B.M.R. + 2%. Sputum ½ oz.

CASE 2.—(See Chart A4.) Patient had had one course of sanocrysin and was much improved.
20.1.27: B.M.R. − 2%.
2.2.27: Up two hours; increase of cough and sputum.
3.2.27: B.M.R. + 11%. 0·25 grm. of sanocrysin (second course started).
12.2.27: 0·25 grm. of sanocrysin.
16.2.27: B.M.R. + 18%.
17.2.27: B.M.R. + 18%.
19.2.27: 0·5 grm. sanocrysin.
26.2.27: B.M.R. + 17%. Here the sanocrysin was stopped as it ought to have been considerably earlier, when the rise in B.M.R. was first appreciated.
19.3.27: B.M.R. + 10%.
30.3.27: B.M.R. + 9%.
6.4.27: B.M.R. − 7%.

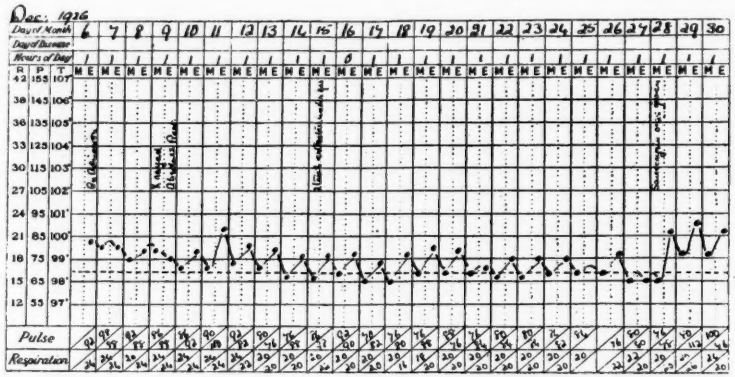
The sedimentation method appears to be too inaccurate to be satisfactory for this purpose, but it is useful as an index to prognosis, it being hardly worth giving the gold to those with a rapid sedimentation.

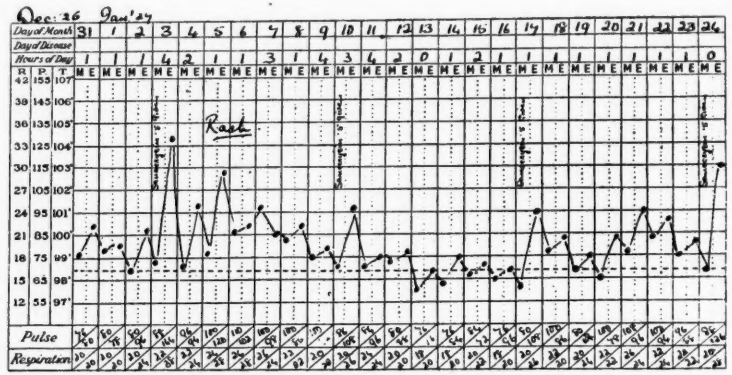
Patients with high basal metabolism are naturally thin as a rule. Dr. Morland approaches the question

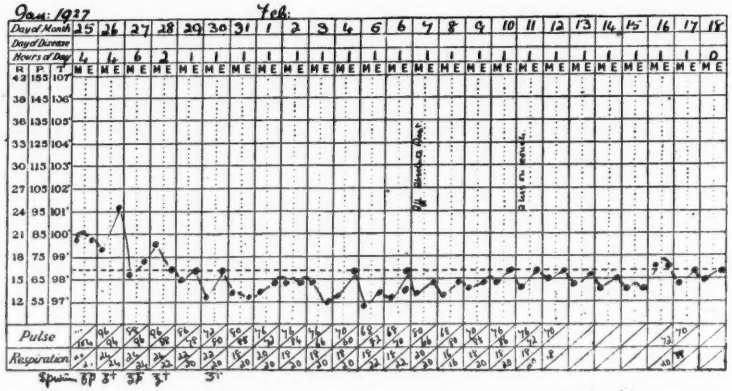
CHART B2.
Name: Helen Mary J—. Aet. 28. Admitted December 6th, 1926. Ward: Skynner.

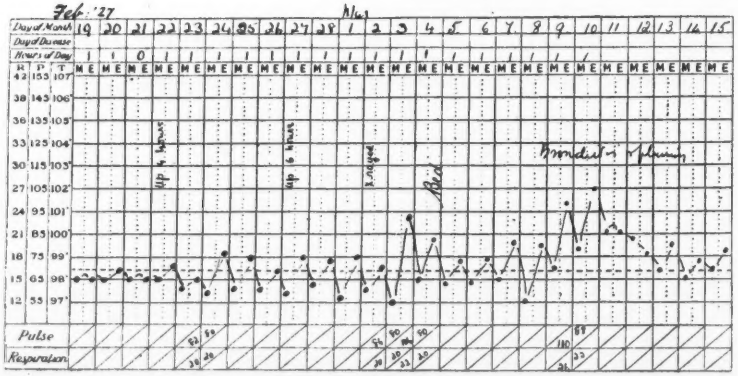
CHART B2.

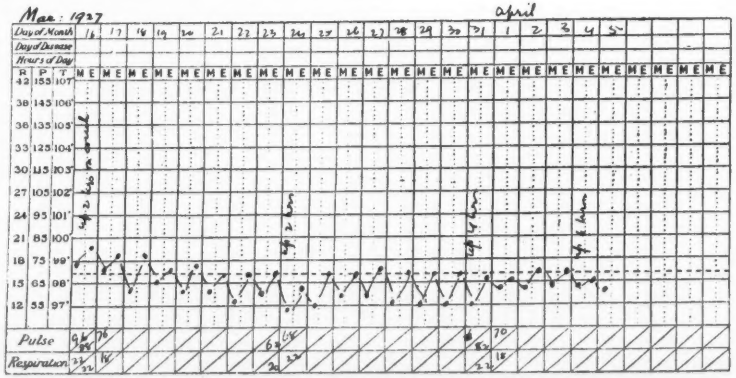
Name: Helen Mary J—. Aet. 28. Admitted December 6th, 1926. Ward: Skynner.







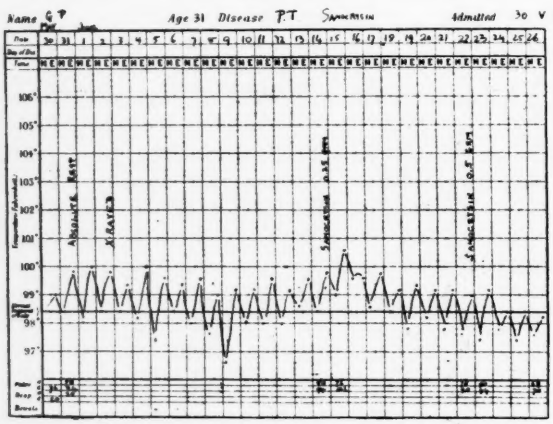




from this angle, remarking: "This question of emaciation is most important in the selection of cases, as unless the patient is thought fit to stand the loss of several pounds, it will probably be found necessary to abandon treatment with the disease still active and the patient more emaciated than at the beginning of treatment." This has been our experience. The unsuccessful cases have all been thin, with high pulse-rates and basal metabolism. In those cases in which the gold did not absolutely lower the weight, it certainly stopped the gain which would normally have taken place with hospital *régime*.

While the general nutrition of a patient is one index of his suitability for this treatment, the type of local pulmonary lesion is another, and this is determinable by

CHART B3.



physical signs and by X-ray. The vital capacity is not a strict gauge of the extent of the lesion, since it depends, too, upon the degree of intoxication (Dreyer and Burrell, *Lancet*, 1920 and 1927). Further, in my hands it has proved more of diagnostic value (*Vital Capacity of the Lungs*, Myers, 1925) than as an indication of improvement, as little things appear to affect the patient's willingness to concentrate on exhaling to the maximum extent, and "knack" is a very important factor. Nor does the vital capacity apparently differentiate at all markedly between the proliferative and the exudative types, which on the continent are held to differ strongly in their reaction to sanocrysin. It is maintained that the "exudative" type alone gives really good results. We have only tried the injections on cases with considerable exudation, though fibrosis was usually present in all but the very acute cases. It is in the exudative form that the drug is most needed.

The giving of gold to early cases being regarded as contra-indicated because of the risk of a spread before the patient's resistance is established made the testing-out of the drug not quite fair to it. Lately we have given it to a number of artificial pneumothorax cases in which there was evidence of an early spread in the other lung, or else to those cases in which one lung was completely involved and a commencing hilar spread on the other side put a stop to any question of artificial pneumothorax treatment. In three of the latter type artificial pneumothorax was established later and is so far proceeding successfully. This result alone is of inestimable benefit; such cases are among the most pitiful with which one has to deal; a successful artificial pneumothorax will, of course, pull them right up. Chart A3 shows the effect on the sputum of a combination of artificial pneumothorax and sanocrysin.

Space, unfortunately, forbids any further analysis of cases. It is by a careful study of the unsuccessful types that one may best hope to get the full benefit from this treatment.

In conclusion it seems necessary to say in defence of sanocrysin that no one to-day expects syphilis to be cured by one course of salvarsan; the policy of a series of courses of sanocrysin extending over two years has not yet been tried, the objections being largely the loss of weight and the cost involved. A compromise has been effected by telling every patient who has done well on one course to come up to out-patients after three months' sanatorium treatment for a second course to be considered. Results should, in future, be more permanent.

I am indebted to Dr. Burrell for permission to comment on these cases.

F. C. ROLES.

THE SILENT DRAMA.

BEING in search of diversion, I went to the pictures. "Secrets of the Soul" was on, and having deducted the usual superlatives from the producer's description, it looked, from the placards, fairly good. Expecting entertainment, I was ruthlessly taught all about my complexes. I was shocked, and like the sixpenny weeklies, I want to indulge in working prophecy, to be a little acid about, if not to thunder denunciations at, the idea of publicity as it touches "we intelligentsia."

The arts and sciences are exclusive, and long have their priests felt secure against a too knowing public. And while knowledge has been gaudily enshrined in fortnightly parts, to grace the nursery shelf, or to litter the boxroom, they have had nothing to fear. As healers,

we, too, smiled indulgently when medicine graced the daily papers. Solemn intestinal common sense hardly touches a reader for decades used to the delight of chasing, mildly exhilarated, down a column of polite medical euphemisms, to find a box of pills recommended, priced, and finally justified by a laconic "Advt."

Too often have magazine fans settled down to a story opening thus.

"I called on Marion the other day and found her crying before her mirror. She confessed that she thought her husband didn't find her attractive any more.

"I said, 'Marion McWinter, you had the loveliest complexion and figure at school, and such nice hair.' 'Yes,' she wailed, 'but look.'" Then the dear friend recommends "Hera" shampoo and face-cream, and hints, too, too delicately that "Turkish" berries are *so* cheap, and made the hips girlish.

But those who make it their life work to spread "inside information," and to make a commonplace of the specialist, have abandoned simple publicity. They have boldly invaded Art. Not content with revelations of Medicine's time-honoured principles, they appropriate her youngest children. Psycho-analysis is blatantly interwoven into a "picture" plot!

If this becomes common, no longer will our subtle references to Freud be a matter for esoteric winking (a portrait of him preludes the picture). Small boys who cheer as the ranchero gallops to a rescue will murmur appreciatively as the hero tells his mother-in-law that her interference is the outcome of frustrated motherhood.

Even our incursions into culture will have been forestalled. No longer shall we spend artful hours in the National Gallery, finding support for the flagging soul in the diagnosis of a faded flesh tint as chlorosis. The goitres of the pre-Raphaelite maidens will cause no tachycardia in the breasts of even the simplest-minded critic, while our suggestions of osteitis deformans in the Primitives will be dismissed with a kindly explanation of the principle of monocular perspective. Driven by the wave of education, we shall fall exhausted behind a breastwork of sterile subtleties, and the nineteen-thirties will be known as the Age of Medical Decadence.

Appalled by this gloomy picture I find comfort in the Power of the Platitude. After all, the horse at the water doesn't necessarily drink. There were some puzzled souls at the cinema who thought Freudian dream lore "sort of funny." Perhaps, when Hollywood sets up shop opposite Mr. Taylor or Mr. Price, we shall overhear the cinema gossip reassuringly repudiating the lesson in between her audible readings of the sub-titles.

* * *

HEARTS IN TROUBLE. Dearie, this looks good. CAST—I never get it read in time. Who's that? Something 'bout a pioneer LEWIS. I hope this ain't an educational film. I can't stand them coloured travels. SIR JOHN STANDING, PRIME MINISTER, FEARED TO TELL HIS WIFE. What a face to make kissing your wife. JOHN, WHAT'S THE MATTER. Oh, ain't he *soft*, holding his chest like that. NOTHING MUCH. I FEAR THE MOB. Oh dear, it's one of them revolution films, with Bolshies. BUT YOU ARE STRONG, JOHN. D'you like the way she does her hair? Oh, he's thinking of his past. That's his ma. WILL THE FEVER TOUCH HIS HEART, DOCTOR? Well—all that to show he's got a weak heart! Shall we have some chocolates, dearie? . . . Of course they'll be fresh. They *do* get bought by *some* fellers. . . . Oh, I'm sorry, then. I didn't mean *you* was stingy. . . . Yes, the two bob one. You ain't angry? Diddums. Then tell his ickle toodlums what she's missed. Yes. . . . Yes. . . . I see. He daren't stop working because there'll be a revolution if he does. Thank you, dearie. Will *you* have a chocy? INFURIATED STRIKERS SEETH TO DOWNING STREET. Lord, ain't they fierce. Coo! Look at that one. It's like Jimmy when I told him off proper at that hop. . . . I do wish people wouldn't put their feet on my chair. Do you think she heard? *I do wish people*—Oh, she's taken 'em off. That's more comfy. Look at John on the balcony. He can't calm 'em. Oh, he's fainted. There's a doctor. YOU HAVE A VALV—a something—LESSON, SIR JOHN. Look at those diagrams. It ain't decent! Here, I can't see for that hat. Will you please—Oh, it's only a heart. Ain't this queer, Tom? YOU MUST HAVE DIGITALIN. Hullo, Country. Ooooh! Ain't that pretty. Look at them foxgloves! That kid's just like our Emma's third. She's sending off the flowers. "Dear Mr. Tunnels and Farewell, i am sending what you advertised 4 to pay Grannie's rent." That's a medicine factory. Oh, look at the Doctor with a squirt! There's John in bed. They're showing his legs. He! He! Eh? I *am* behaving. I was laughing because they was swollen, like your head. No, you can't hold me hand. People'll see. THE REFRACTORY PERIOD IS LENGTHENING, THANK GOD. Now I ask you, Tom, ain't that rot? DIURESIS WILL SOON HAPPEN. *That* ain't nice, *I'm* sure.

Oh, there's the mob. The leader's speaking to Mrs. John. WE DID NOT KNOW HE WAS WORKING FOR US, WITH HEART DISEASE. GOD BLESS HIM.

Don't the organist here play nice. I love good music.

Oh well, if you *won't* hold me hand. No, silly, it's here. Now let's hope its a decent *ending*.

TWO HEARTS BEAT STRONGLY AS ONE. THE X-RAY. Oh, look. A shadder of their two insides. You can see 'em beating. Don't they keep good time? FINIS!? Well! Did you ever? Is *that* all? No sense to it. Tom, you ask for your money back. Its *queer*. PATHÉ GAZETTE. Oh, I *do* hope they've got the Duchess. : . .

* * *

I think Æsculapius is safe. All the same I am rather sorry for Apollo. H. P.

TONSILLECTOMY IN FILM-LAND.

THE following cutting from "San Francisco's Home Newspaper" has been sent us by an old St. Bartholomew's man who happened to be passing through that terrifying country:

HERE'S "LOW DOWN" ON TONSIL PARTY.

By FRANK SULLIVAN.

PURSUING the discussion of tonsillitis, let us examine the methods of going about an operation for tonsillitis and the average cost of same.

The patient can generally count on spending $50 for ether. Do not stint yourself on the ether if you want the operation to be a success. There should be enough for yourself, for the doctor, the nurse, the anæsthetician, the invited guests and any stray late-comers, for whom it is always well to be prepared. Nowadays it is seldom that a really successful tonsillitis operation does not have a stag line if the patient is a popular belle, or a doe line if the patient is male, and therefore not a popular belle.

* * *

Now arises the question whom to invite to your operation.

Much depends on whether the function is to be formal or informal.

In either case there must be the members of the immediate family, and, if you are married, of your wife's family. Often these guests are necessary evils. They have a tendency to notice things and criticize. We know that the patient's father, if the tonsils resulting from the operation are displeasing to him, will say that the patient got his tonsils from his mother's side of the house, while the mother, if she deems the tonsils to be not quite *au fait*, will insist that the patient got them from his father.

There must be two witnesses for the operation, one for each tonsil. In some countries it is the custom to have three witnesses, two feminine and one masculine if the patient is feminine, and two masculine and one feminine if the patient is masculine.

The doctor wears white if it is his first operation. If he is a widower he indicates same by winking.

The arriving guest should, of course, go immediately to the operating table and present his respects to the patient. It is well, if one is invited to a tonsillitis operation, to arrive at least 15 minutes before the ether is served. Start early for such functions, so as to allow plenty of time for unforseen delays, such as the breaking of all your suspender buttons at once. To those critics who contend that a man's suspender buttons never do break ALL at once, the answer is that the perfect guest, like the perfect host, is prepared for every emergency. And statisticians have computed with mathematical exactness that the suspender buttons do break, all at once, on an average of once in 1,928,238 times. How do you know you are not going to be the 1,928,238th time?

On presenting respects to the patient it is good form to wish him a successful operation, telling him some jest in keeping with the spirit of the occasion and designed to raise his spirits. I find that friends whose operations I attend are always interested when I tell them the one about the doctor who said that "the operation was successful, but the patient died."

If, when you arrive, the patient has been placed under the ether, you leave your card and that of your husband. If you have no husband leave the card of the husband you know best.

* * *

Be careful what you say on entering and emerging from the ether. Remember, you are not now in the privacy of the home and you are not at liberty to express yourself freely concerning your friends, many of whom may have complimented you by gathering about the operating table. There is a deplorable tendency on the part of many patients to-day to express themselves in too vigorous language while under the ether. Profanity is almost never excusable.

Never kick at the nurse. After all a nurse is a woman. An American gentleman never raises his foot against a trained nurse except in kindness.

Never kick the doctor except under proper provocation. Remember that he, too, is under a strain. He is bending over your person inhaling the ether fumes from you, and he is liable to be affected by them. He is only human, and so under the influence of the ether he is as liable to make mistakes as the next one, and perform several operations where you ordered only one, or perform the wrong operation, or forget to put things back where he found them.

When the doctor sends his bill it is considered a thoughtful and courteous act of appreciation to add one cipher to his bill as a sort of pleasant surprise; thus, if he bills you for $200, send him a check for $2000. The check need not be good.

ABERNETHIAN SOCIETY.

TERMINAL ADDRESS OF THE SUMMER SESSION.

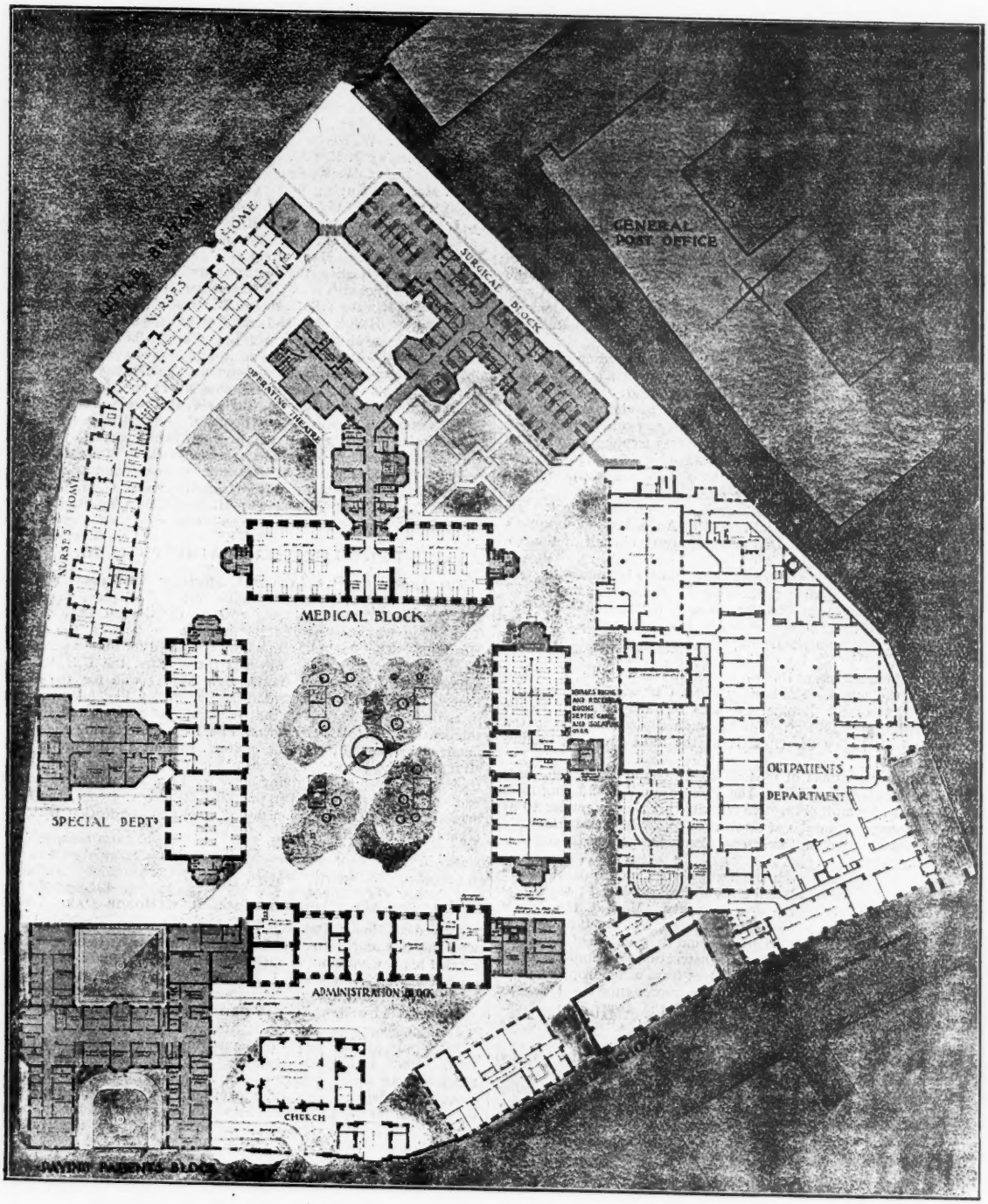
A MEETING of the Society was held on Wednesday, June 29th, at 8.30 p.m., in the Medical and Surgical Theatre. Mr. Phillips took the Chair.

When the minutes of the last meeting had been read and confirmed, the President introduced Sir Berkeley Moynihan, P.R.C.S., and called upon him to deliver his address on the subject of "Medicine in Art."

The following is a *résumé* of the lecture, which was illustrated throughout by excellent lantern-slides:

Medicine and art are closely related; Æsculapius was the favourite son of Apollo, the god of light, life and art.

The first slides showed various gargoyles. Gargoyles are water-spouts; the name is derived from the noise of the water passing through them. They are always hideous figures, symbolic of evil spirits passing from the church with the water. Many of them have



PLAN OF PROPOSED NEW BUILDINGS.

horns or double heads—both rare deformities in man, and both hideous. One gargoyle, on the church of Santa Maria Formosa, is famous in a medical sense. It is designed as a head, one side of which is distorted in a peculiar manner. Ruskin, in the *Stones of Venice*, has described this figure, and has put forward several possible interpretations of the symbol.

Charcot, when he studied this same face, diagnosed it as representing faithfully a case of hystero-epilepsy. Hystero-epilepsy was the commonest syndrome associated with possession by an evil spirit.

In the paintings of many of the old masters, possessed persons are obviously sufferers from this complaint. Sir Berkeley Moynihan showed several examples, and discussed them in detail. His selection included a fifth century mosaic from Ravenna, showing the miracle of the Gaddarine swine, and the cover of an old Bible, on which was drawn a patient from whose mouth the devil was emerging.

Another picture showed St. Francis of Assisi exorcising a most realistic devil from an hystero-epileptic.

Transfiguration scenes by Rafael and Rubens contain figures of the possessed boy; in both he is portrayed as suffering from the same disorder.

Other examples of hystero-epileptics occur in pictures by Domenicino, by Andrea del' Sarto, "the faultless painter," and in Rubens's picture of the miracle of St. Ignatius.

When this miracle was performed, onlookers testified on oath that devils were seen escaping from the two patients, a man and a woman, and that angels immediately entered in their stead.

Apparently, devils were in the habit of leaving through the sufferer's mouth. Sometimes they were not so readily voided; in fact, the earliest known surgical operation was trephining to let the evil spirits out. Skulls of such patients have been found in Peru.

Passing away from devils, Sir Berkeley showed next some pictures illustrating the anatomy of the expression of the emotions.

He referred to Sir Charles Bell's great work on the subject. His examples were Rafael's "Death of St. Annanias," Velasquez's "Idiot," in the Prado, and Bernini's picture of himself at the age of eighteen.

Sir Joshua Reynolds's picture of John Hunter is interesting. In it Hunter has a somewhat rapt, far-away expression, not at all characteristic of one who was described as a "cantankerous red-headed little Scot." The expression in the picture was drawn by Reynolds in a few moments during which his model seemed to fall into a trance.

Emotional expression at its best is seen in some of the pictures of ecstasies of the saints. The ecstasy of St. Catherine of Sienna, by Sodoma; that of St. Jerome, by Murillo; and Lucasini Relli's picture of the same subject. The last-named picture hangs in the Louvre. Sir Berkeley described it as the most inspiring picture known to him.

Accurate presentations of medical conditions are rare, but there are some which are famous. "The Dying Gaul" is suffering from a right-sided pneumothorax. He is fixing his right shoulder so as to use his accessory muscles of respiration to the best advantage.

The head-retraction of the dying Alexander points to cerebro-spinal meningitis.

A common mistake of even the best painters was to paint in the distended veins on the hands and arms of the dead Christ; the superficial veins of a cadaver are always empty. Most of the dwarfs painted by artists were achondroplasiacs. Ptah-sepu-asar, who was the father of all the Egyptian gods, and the god Bes of Memphis, who presided over childbirth and the instruction and amusement of youth, were both represented as sufferers from achondroplasia.

Curiously, most achondroplasiacs are represented as being in charge of animals. Examples are Turold, the dwarf who accompanied William the Conqueror, and Antonio, the Englishman, as painted by Velasquez.

The last slide was the picture of the Infanta Margarita, also by Velasquez; it also contains the portrait of an achondroplasiac.

Mr. PATERSON ROSS proposed a vote of thanks to Sir Berkeley Moynihan for his most interesting lecture. He alluded also to the great pleasure which Sir Berkeley's visit to the Hospital had given to the members of the Surgical Unit and to the whole Hospital.

The vote of thanks was seconded by Mr. UNDERWOOD.

Sir Berkeley Moynihan replied in a few words. He said that one of his ambitions had always been to come to St. Bartholomew's Hospital. He had very much enjoyed his visit, and was sorry that it had come to an end.

The meeting was then adjourned by the President.

STUDENTS' UNION.

INTER-HOSPITAL SPORTS.

The Inter-Hospital Sports were held at the Crystal Palace track on Wednesday, June 15th. The shield was won by Guy's, with Bart.'s second.

3 Miles: J. F. Varley, Bart.'s; G. W. May, London; W. J. Walter, Bart.'s; R. Macbeth, King's. 16 min. 5 sec.

100 Yards: W. Hertzog, Guy's; W. W. Craner, London; D. J. Cussen, Mary's; J. R. Hill, Bart.'s. 10⅘ sec.

Quarter-mile: W. W. Craner, London; H. B. Stallard, Bart.'s; C. W. Harrison, Guy's; W. D. Coltart, Bart.'s. 52 sec.

220 Yards: W. W. Craner, London; C. W. Harrison, Guy's; D. J. Cussen, Mary's; J. R. Hill, Bart.'s. 23⅘ sec.

Half-mile: H. B. Stallard, Bart.'s; R. A. Hogbin, Guy's; G. W. May, London; J. B. Marshall, Mary's. 2 min. 4 sec.

Putting the Weight: W. Hertzog, Guy's; D. J. Cussen, Mary's; N. V. Starr, Thomas's; D. G. Dingemaans, Guy's. 35 ft. 2 in.

120 Yards Hurdles: E. C. Marsh, Thomas's; J. F. Bloss, Thomas's C. B. Prowse, Bart.'s; D. McLean, Guy's. 17⅘ sec.

1 Mile: R. A. Hogbin, Guy's; J. F. Varley, Bart.'s; G. W. May, London; D. O. Clark, Thomas's. 4 min. 40⅘ sec.

Long Jump.: R. StJ. Honner, London; W. Hertzog, Guy's; C. W. Harrison, Guy's; E. C. Marsh, Thomas's. 22 ft. 1 in.

High Jump: C. R. G. Druce, Guy's; C. B. Prowse, Bart.'s; E. C. Marsh, Thomas's; J. F. Bloss, Thomas's. 5 ft. 7½ in.

Mile Relay: Bart.'s—440 yds., E. U. H. Pentreath; 220 yds., J. R. Hill; 220 yds., B. W. Alexander; 880 yds., H. B. Stallard.

Tug-of-War: London beat Bart.'s in the final round 2 pulls to 0.

Throwing the Hammer: W. Hertzog, Guy's; E. U. H. Pentreath, Bart.'s; A. Kennedy, Thomas's; H. Royle, Bart.'s. 84 ft.

UNITED HOSPITALS' ATHLETIC CLUB.

The Annual Charity Athletic Contest for the *Financial Times* Shield was held between the Banks, Stock Exchange, Insurances and United Hospitals on July 16th at the Crystal Palace track. The Shield was won by the Banks from the holders, the United Hospitals. The Shield has now been contested for for six successive years, the Banks winning the first three years, the U.H.A.C. the following two years, the Banks now having won for the fourth time. The Shield was presented by Dr. Morley Fletcher, who said in the course of his speech that it should be remembered that all thanks was due to the *Financial Times* for undertaking the whole financial responsibility of the contest, so that all the profit went straight to the hospitals, and also thanking the matron of St. Bartholomew's Hospital for giving leave for 13 of the nurses to attend and sell programmes, further thanking Mr. R. A. Lyons, the Hon. Secretary, for his many months of labour in connection with the organization of the Sports.

CRICKET.

ST. BARTHOLOMEW'S HOSPITAL *v.* HONOR OAK.

Played at Honor Oak on Saturday, June 25th. The Hospital won the toss and batted first. Sinclair, who went in first wicket, carried his bat, making 35 out of the Hospital's total of 65.

He completely mastered J. H. Lockton's bowling, which proved so deadly to the rest of the team, scoring one 6 and five 4's off him.

King batted well, scoring 12 runs at a most critical point.

Lockton took 7 wickets for 34 runs.

With only 65 runs to get it seemed that Honor Oak had an easy task. When, in the first over, they lost their first wicket before a run had been scored things looked more hopeful for the Hospital, especially so when the second wicket fell for 13, third for 13, fourth for 22, fifth for 26, sixth for 31, seventh for 37, eighth for 37, ninth for 37. The last wicket carried the score up to 95, the Hospital thus losing an exciting match by 30 runs.

For the Hospital Hodgkinson took 6 wickets for 30 runs and Cook 4 for 35.

ST. BARTHOLOMEW'S HOSPITAL *v.* HORNSEY.

Played at Hornsey on Saturday, July 2nd. The Hospital, winning the toss, went in to bat on a wet wicket. Cook, Parker and Gaisford were out before a run had been scored. King and Maley stayed together till the score was 28, when King was caught after making

22. Patrick and O'Connell were out without scoring. Maley was then joined by Hodgkinson. When the score was 52 Hodgkinson was bowled, having made 17. Maley, who had batted very well and made 11 runs at a very critical point, was then bowled. Pierre, in a short innings, hit very freely, scoring one 6 and two 4's, making 25 before he was out. The Hospital were all out for 92.

Hornsey then went in to bat and made 127. Smith and Shanks were the chief scorers, making 29 and 23 respectively.

ST. BARTHOLOMEW'S HOSPITAL *v.* ST. THOMAS'S HOSPITAL.

Semi-Final of Inter-Hospitals Cup.

Played at Winchmore Hill on Friday, July 8th. The Hospital lost the toss and went out to field.

The first wicket fell when 22 runs had been made. Up to the eighth wicket about 10 runs were added for each wicket that fell. The ninth wicket fell when the score was 138, and the last wicket fell without any addition being made to the score. The chief scorers for St. Thomas's were Sherrum, Marshall, Jerram, who made 38 (not out), 17 and 16 respectively.

King and Cook opened the batting for Bart.'s King was bowled when the score was only 5 and Cook was joined by Bettington. When the score had reached 32 Bettington was caught at extra cover, after making 17. Cook was then joined by Prowse, who was soon out to a catch at fine leg. Sinclair then went in, and the score increased rapidly till he was caught after making 24. Gaisford then joined Cook, and between them took the score up to 111. Gaisford was bowled when he had scored 19. Pierre batted steadily, making 15 before he was out lbw. Parker went in when only 5 runs were required to win. These he soon made, so Bart.'s won by 4 wickets.

Cook was not out, having made 55. He played a very good, steady innings. Of the bowlers Bettington was the most successful, taking 7 wickets for 54.

We now meet Guy's in the final on Saturday and Monday, July 23rd and 25th.

PAST *v.* PRESENT.

Played at Winchmore Hill on Saturday, July 9th. The Past, captained by Dr. Hinds Howell, was a strong team, and a most enjoyable game ended in a tie, the third in this season.

The "Past" won the toss and batted first. The wicket was rather soft, as it had been raining up to an hour before the commencement of the game. Commander Hill, who opened the innings for the "Past," played very steadily, and was out to a very good catch in the slips after making 26. Fowler and Woods-Brown stayed together for some time, the former making 19 and the latter 11. The "Past" were all out for 95.

King and Cook opened the batting for the "Present" against the bowling of Fowler and Maley. Cook was run out when only 2 runs had been scored. Hodgkinson, who had joined King, was out when the score was 12. Gaisford then went in and stayed in till nearly the last wicket. He played a very sound innings, making 37 when the Hospital most needed it. J. H. Pierre and H. H. Pierre made 11 and 12 respectively. With only 2 runs to get Pagan joined Bamford. Bamford hit the ball past square leg, and in trying to get the second and winning run was run out. The match thus ended in a tie.

Past.—C. M. Hinds-Howell, Commander Hill, W. A. Bourne, — Fowler, G. C. Woods-Brown, M. L. Maley, T. Owen, C. Grosvenor, J. Parrish, Percy With, H. S. Baker.

ST. BARTHOLOMEW'S HOSPITAL *v.* MOORCROFT HOUSE.

Played on July 13th. The Hospital lost the toss and went out to field, and dismissed their opponents for 113, Verrinder making 41 and Pearce 25. Sinclair took 4 wickets for 32.

The Hospital then went in to bat, and made 83. Cook 18 and Patrick 15 were the chief scorers.

ST. BARTHOLOMEW'S HOSPITAL *v.* HAMPSTEAD.

Played at Winchmore Hill, July 16th. This match resulted in a decisive win for our opponents. The Hospital, winning the toss, went in to bat and were dismissed for 95. Pierre was the only one who stayed in for any length of time. In his innings of 28 not out he hit one 6 and five 2's.

Hampstead then went in to bat and made 166 for 6 wickets, Limb making 68, Newman 32 (not out), Whiteburn 29.

REVIEWS.

SAINT BARTHOLOMEW'S HOSPITAL REPORTS. VOL. LX, 1927. (John Murray.) Price 15s.

The 1927 volume of the *Reports* is especially important and interesting. There is a group of six chapters on varying aspects of radium therapy, about which Sir Thomas Horder says in his introduction, "he knows no instance of a single centre producing in so short a time a mass of work of equal value to this. . . ." Dr. Levitt writes on the "Beginnings and Present Position of Deep X-Ray Therapy," Prof. Hopwood deals with the physical aspect of radium, Dr. Canti describes the "Effect of Irradiation on Tissues"; and then follow three chapters on "Treatment by X-Rays," and "Radium Treatment of Carcinoma of the Breast and of the Cervix" by Dr. Finzi, Mr. Geoffrey Keynes and Dr. Donaldson respectively. Many of us have been waiting breathlessly for an exposition of Dr. Canti's work, and his present article fully comes up to expectations. Dr. Finzi finds that very successful results are obtained by X-rays with cases of menorrhagia and fibroids, angeiomata, lymphangeiomata, papillomata and keloids; while of the malignant growths sarcomata respond more readily than carcinomata, especially lympho-sarcoma and spindle-celled sarcoma; rodent ulcer disappears in 95% of all cases. In carcinoma of the breast "results have exceeded expectations," while Mr. Harmer finds that "results are far superior to anything that has been obtained with any form of X-ray treatment" in intrinsic carcinoma of the larynx. Block dissection of the glands, however, is still the method of choice. Dr. Donaldson is convinced that radium is far the best palliative treatment for carcinomata of the cervix, but enough work has not yet been done on operable cases to decide between Wertheim's operation and irradiation.

Sir D'Arcy Power leads off with Part II of his history of the "Rebuilding of the Hospital in the Eighteenth Century," which, as usual, he makes thoroughly entertaining. The subject of gall-stones is fully treated in a chapter by Mr. Dunhill on "Diagnosis," and another on "Cholecystography" (with 6 skiagrams) by Mr. J. Paterson Ross. Mr. Capener's work on the prostate gland deals chiefly with the internal blood-supply in relation to the lobes; Dr. L. R. Shore writes on "Stasis in the Muscles of the Anterior Abdominal Wall"—a useful article for those dealing with out-patients or private practice; and finally Dr. Linder reviews the recent work on "Calcium Metabolism in Relation to the Calcification of Bone." The volume is concluded, as usual, by accounts of the Proceedings of the Abernethian Society and Paget Club, additions to the Museum and Library, and Prize-winners during the past year.

It is very satisfactory to read how well in the forefront is this Hospital in the universal campaign against cancer.

A TEXT-BOOK OF PSYCHIATRY FOR STUDENTS AND PRACTITIONERS. By HENDERSON and GILLESPIE.

Of all the sciences, psychiatry is, perhaps, the most difficult to teach by the written word, and it is probably equally difficult to describe in a book any practical method of dealing with the psycho-neuroses. These sciences must be taught at the bed-side and in the consulting-room, and any other method of learning them is laborious and uncertain. The treatment of mental disease must always involve the recognition of the needs of the individual patient.

In the book under review the authors have sought to escape some of the difficulties by describing a large number of cases at length, and this method is of value when used in conjunction with the clinical work of the student, but the quotation of cases cannot in any way replace clinical training, and reading the descriptions may become extremely irksome unless the reader has already a profound knowledge of the subject.

From the examination point of view, and in order that psychiatrists may understand one another, a classification of mental diseases is necessary. The authors of this book have suggested a new classification for use by British psychiatrists, but it cannot be said that the ideal has yet been found.

As was to be expected in physicians of such wide experience as the authors, the psychoses are adequately dealt with, and the ground is covered sufficiently for the needs of the medical student, which is all that can be asked of any text-book.

A considerable section of the book is devoted to the psycho-neuroses, and here the authors are faced by a difficulty. It is probably a mistake to attempt to deal with the psychoneuroses in a volume that

is primarily devoted to the consideration of the psychoses. The two types of condition are different from almost every point of view, and they require to be approached with a completely different attitude of mind. This is recognized by the authors, who begin their chapter on the psychoneurosis with a statement to this effect, but it is to be doubted if this warning is sufficient for anyone who has, while reading the part of the book devoted to the psychoses, developed an attitude of mind which cannot properly be brought to bear upon the study of the psycho-neuroses.

Very little attempt has been made in this section to follow any definite system. The small amount of space which it is possible to give to the subject in a book of this nature has resulted in a more or less haphazard collection of facts, which is probably of very little value to the student, and may quite well result in the production of a confused mental picture.

There is an extremely valuable chapter on occupational therapy, and a very excellent and clear description of the relations of psychiatry and law. This will be of great value, not only to the students who are entering practice, but to the practitioner whose mind at the present time is seriously exercised about the part that he can safely play in the certification and protection of those cases of insanity with which he is called upon to deal.

MANUAL OF SURGICAL ANATOMY. By BEESLY and JOHNSTON. 3rd edition. (Oxford Medical Publications.)

That this is the third edition of this book since its origin in 1916 shows commendable zeal on the part of the authors and helps to explain its deserved popularity. It is a relief also, in days when the student is much burdened with literature, to meet with authors who have the self-control to keep their works from becoming unwieldy.

As before, the book follows the plan, print and arrangement of Cunningham's excellent small text-books of anatomy (now alas grown to three volumes), and covers the ground methodically and clearly.

The enlarged section on the sympathetic and parasympathetic is well worth its place, and might even have been raised to the dignity of the large print. A typically excellent paragraph is that on referred pain on p. 246.

The illustrations are clear and not too numerous. The radiograms are, on the whole, good, but those on empyema of the maxillary and frontal sinuses might well be improved upon.

A short paragraph on the developmental and anatomical relationship of dermoids and teratomata might be a welcome addition in future editions. The book serves its purpose admirably, and can be confidently recommended to students and candidates for any of the surgical examinations in this country.

THE EAR, NOSE AND THROAT IN GENERAL PRACTICE. By D. A. CROW, M.B., Ch.B. (Humphrey Milford: Oxford Medical Publications.) Pp. 148. Price 10s. 6d. net.

Probably these cases are amongst the most difficult and important to be met with in general practice. There are a number of problems which can be met by postponement, but the diagnosis of otitis media is not one of these. The author stresses the operation of paracentesis in his own lively manner: "if, as a result, one single practitioner, on receiving a call to an acute ear, bundles into his desk that mass of dull clerical work against which he so naturally rebels and proceeds with the speed of a fire-engine to incise one single ear-drum, this book will not have been written in vain."

We are glad to see him advising against the performance of the tonsil and adenoid operation by unpractised hands. There are two colour plates and 45 figures; the technique of examination and of various operations is very practically described; and, as with all the Oxford Medical Publications, the matter is attractively dressed. The book fills an important gap.

THE METHODS OF CLINICAL DIAGNOSIS. By ALEXANDER GEORGE GIBSON, M.D., F.R.C.P., and W. T. COLLIER, M.D., M.R.C.P. (Edward Arnold.) Pp. 388. Price 12s. 6d. net.

Though the modern works available on this subject are legion, this volume has the advantages of being smaller than most, and of proceeding from Dr. Gibson, of the Radcliffe Infirmary, Oxford. There is nothing very startling about the presentation, which is markedly conservative, and, indeed, very similar to Hutchinson and Rainy, which we do not feel to have been in any way superseded. Clinical pathology is relegated to a rather cramped chapter at the end. The illustrations are good.

CONTRACEPTION. By MARIE STOPES, D.Sc.(Lond.), Ph.D.(Munchen). 2nd edition. (London: John Bale, Sons & Daniellson, Ltd., 1927.) Pp. 480. 5 plates. Price 15s. net.

Dr. Stopes's book falls naturally into two parts, one dealing with the practice, and the other with the history of contraception. In both there is much interesting matter, and Dr. Stopes is to be congratulated on her diligence in amassing so much diverse material. But it is a pity in a book expressedly stated to be a manual for medical men and others that neither the practitioner nor the historian are free from partiality.

For propagandist purposes, moving case-histories and quotations of the opinions of persons who are invariably given their full qualifications may be useful and necessary, but a manual meant for people who are conceivably able to form their own ideas need not carry on a continuous fight against preconceived opposition.

If the medical profession is as ignorant as Dr. Stopes believes (and this would seem to be the case) they will prefer enlightenment in a manner they are used to. The section devoted to the statistics of Dr. Stopes's first clinic is by far the most convincing.

But the volume, considered as a work devoted entirely to the favourable aspect of contraception, is of value. We now wait for Dr. Stopes to present us with a supplement on the pitfalls and dangers of contraception—a work which would do much to remove the stigma of enthusiastic partisanship of an otherwise useful work.

ULTRA-VIOLET RADIATION. By ELEANOR RUSSELL and W. KERR RUSSELL. (E. & S. Livingstone, Edinburgh.)

This book is well printed and gives a clear account of ultra-violet radiation. In the first chapter it seems a pity to have left out Simpson's name in the historical section. In Chapters V and VI, 78 pages seem an undue space to give to the various types of lamps. The chapter on technique is excellent, but more stress should be laid on the danger of overhead lamps. The authors do not give the credit due to the Tungsten arc lamp for local treatment. In the chapter on treatment it would be better to limit this to ultra-violet radiation rather than give combined treatments. In the last two chapters there is a tendency to regard ultra-violet treatment as a panacea, *e. g.* on p. 376 we find it advocated for urethritis and orchi-epididymitis, and in general for paralysis agitans and locomotor ataxy. As a whole the book is well put together and will be found thoroughly practical. The print is excellent.

RECENT ADVANCES IN HÆMATOLOGY. By A. PINEY, M.D., Ch.B. (Birm.), M.R.C.P.(Lond.) (London: J. & A. Churchill, 1927.) Price 12s. 6d. net.

The latest addition to the "Recent Advances" Series is in every way up to the standard of its predecessors. There is a full discussion of the better-known "primary" blood diseases, and of the symptomatic changes in the blood in other diseases. Dr. Piney supports the view that the reticulo-endothelial system is derived from mesenchyme, and from it the precursors of the lymphoid, myeloid and red cells are derived. On that basis all pathological blood phenomena are discussed. Dr. Piney's valiant attempt to reduce hæmatology to some sort of system is commendable, though the links in the system are often dependent on observations too rarely made, either because of their rarity, or the inability of observers to agree on morphological points.

The blood pictures in the leukæmias are regarded as a combination of two pathological conditions in the hæmatopoietic tissues: an output by foci of definitely neoplastic tissue, and an abnormal output from normal blood-forming tissue, stimulated by the neoplastic foci in its midst. The picture in the late stages of the chronic leukæmias is akin to that of the acute leukæmias, and due to an overwhelming output from the neoplastic foci, and to a complete disfunction of the normal hæmatopoietic tissue.

The argument that pernicious anæmia is a state induced by nocuous stimuli on a body retaining masses of primitive hypoblastic erythropoietic tissue, resulting in a hyperplasia of that tissue and an atrophy of the normal, is ingenious and well supported. It depends in part upon the familial element in the ætiology of the condition, and the morphological likeness between the nodules of normoblasto-granulocytic hypertrophy and the islands of primitive erythroblastic tissue. Diagnosis from the Schilling count is treated at length. Dr. Piney is to be congratulated upon the ease with which he threads the mazes of hæmatological terminology.

The plates are excellent.

AN X-RAY ATLAS OF THE NORMAL AND ABNORMAL STRUCTURES OF THE BODY. By A. M'KENDRICK, F.R.C.S.(Edin.), and C. R. WHITTAKER, F.R.C.S.(Edin.) Second edition. (E. & S. Livingstone.) Price 25s.

At the price of eightpence a dozen, the second edition of this Atlas gives some 450 radiograms, most of which are excellently clear; especially good are the additional ones of lipiodol injections of the air-passages. The 50 radiograms of normal structures, well explained by diagrams, are excellent and valuable, particularly those of bones before union of the epiphyses, but the remaining 400 radiograms illustrating injury and disease may fascinate the student, yet can scarcely instruct him. For these are explained neither by diagrams nor arrows, and only rarely is the reason for the diagnosis given. In the section devoted to normal appearances, the importance of a correct focus point is emphasized, but in none of the pathological radiograms is the focus point given, so that the abnormal cannot be directly compared with the normal. Selection of the radiograms has not been guided by the commonness of occurrence of the conditions shown; thus a dozen examples of osteitis fibrosa are given, but only one of Paget's osteitis deformans. Of the abdominal radiograms, those illustrating diverticulitis are very good, but those of gastric and duodenal ulceration are much inferior to the American films of the condition.

The beauty of the reproductions so stimulates interest that the meagreness of description makes disappointment more bitter, and the remedying of this point would increase the value of the book to students tenfold.

KER'S MANUAL OF FEVERS. 3rd edition revised by CLAUDE RUNDLE O.B.E., M.D.(Lond). (Oxford University Press: Humphrey Milford.) Price 12s. 6d. net.

This book is as useful as ever it was—that is to say, it is extremely useful. While the original form and style are largely maintained throughout, it has been brought very adequately up to date by Dr. Rundle. Lucid accounts are given of the Dick and Schultz-Charlton tests and of the serum treatment of scarlet fever. There is a short (destructive) criticism of the supposed relationship between herpes zoster and varicella. Some readers may not agree with the author's conclusion that the frequent association between these two diseases may be "best explained by coincidence." The photographic illustrations are excellent. One could wish that they were in colour—were it not for the fact that coloured pictures of skin eruptions are seldom entirely satisfactory.

A valuable 300 pages—well indexed.

CORRESPONDENCE.

READERS' OPINIONS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—I have long been one of the most interested of your readers—until just lately. I used to enjoy most the articles which at one time appeared under "Humour and the Consultant," etc., while I considered those more specialized treatises on surgical anatomy most edifying to old and young students alike. Good straightforward stuff with no literary frills.

But there has crept in, I think, the last year or thereabouts into what was before a broad-minded and a high-minded paper, Sir, a spirit of cynical levity such as I am told is prevalent in certain Cambridge undergraduate journals, a pseudo-scientific and irreligious type of balderdash cloaked by a sort of precocious facility in expression and the use of long words (for is not this the most dangerous type of all?) which I cannot stomach, and which to my mind serves no good purpose.

Without hurting your contributor's feelings I would allude especially to the articles which have only too often appeared over the initial "M." I have spoken to several colleagues, and they agree that what little we understand is a positive menace to the pathology and physiology of the student, who, God knows, has enough difficulties already in his path.

My sincere interest in the ultimate welfare of your Journal is my only excuse for writing.

Yours faithfully,

W. K. P.

[We are grateful to W. K. P. for his solicitude for the welfare of the JOURNAL, though we confess an inability to understand exactly whither the spirit of cynical levity has crept. If we observe the spirit rather than the letter in this matter we shall doubtless benefit. —ED.]

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Discussion on the Diagnosis and Treatment of Colitis." *Proceedings of the Royal Society of Medicine*, February, 1927.

ADAMSON, H. G., M.D., F.R.C.P. "The Treatment of some Common Skin Affections." *Clinical Journal*, June 29th, 1927.

——— "Two Cases of Recurrent Cellulitis of the Face." *Proceedings of the Royal Society of Medicine*, March, 1927.

BALL, W. GIRLING, F.R.C.S. "Adeno-Carcinoma of the Kidney." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Renal Carbuncle." *Proceedings of the Royal Society of Medicine*, March, 1927.

BARNES, E. BROUGHTON, F.R.C.S.Ed. "Case of Rodent Ulcer Metastasis." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "Large Temporo-sphenoidal Abscess following Injury; no Localizing Signs except Homolateral Papilloedema." *Proceedings of the Royal Society of Medicine*, May, 1927.

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BATTEN, RAYNER D., M.D. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

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BUTLER, T. HARRISON, M.A., M.D. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

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CHANDLER, F. G., M.A., M.D., F.R.C.P. "Discussion on the Treatment of Chronic Non-tuberculous Infection of the Lungs." *Proceedings of the Royal Society of Medicine*, March, 1927.

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CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "Emergencies in Ophthalmic Practice." *Practitioner*, July, 1927.

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CUMBERBATCH, E. P. "Discussion on Climacteric Arthritis." *Proceedings of the Royal Society of Medicine*, March, 1927.

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DALLY, J. F. HALLS, M.A., M.D., B.Chir.(Cantab.), M.R.C.P. "Discussion on Climacteric Arthritis." *Proceedings of the Royal Society of Medicine*, March, 1927.

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EVANS, E. LAMING, C.B.E., F.R.C.S. "Fracture of the Transverse Process of the Third Lumbar Vertebra." *Proceedings of the Royal Society of Medicine*, April, 1927.

FAWKES, MARMADUKE, O.B.E., M.B., B.S. "Migraine and Acetonuria." *British Medical Journal*, December 18th, 1926.

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GASK, GEORGE, C.M.G., D.S.O., F.R.C.S. "Discussion on the Treatment of Gangrene of the Extremities." *Proceedings of the Royal Society of Medicine*, February, 1927.

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GORDON-WATSON, Sir CHARLES, K.B.E., C.M.G., F.R.C.S. "Discussion on Diverticulitis." *Proceedings of the Royal Society of Medicine*, March, 1927.

HALDIN-DAVIS, H., M.D., F.R.C.S. "Paget's Disease." *Proceedings of the Royal Society of Medicine*, February, 1927.

HAMMOND, T. E., F.R.C.S. "A Case of Lateral Uretero-Cystostomy." *Proceedings of the Royal Society of Medicine*, March, 1927.

——— "The Causes and Diagnosis of Frequency of Micturition." *Clinical Journal*, July 6th, 1927.

HANNAN, JOHN H., M.A., M.D., B.Ch.(Cantab.). "On Certain Adrenaline Effects at the Menopause and their Significance." *British Medical Journal*, July 2nd, 1927.

HARMER, W. DOUGLAS, M.A., M.B., M.C., F.R.C.S. "Discussion on Diathermy." *Proceedings of the Royal Society of Medicine*, March, 1927.

HEPBURN, MALCOLM, M.D., F.R.C.S. "Discussion on Coloboma of the Macula." *Proceedings of the Royal Society of Medicine*, February, 1927.

HEY GROVES, ERNEST W., M.D., F.R.C.S. "Discussion on the Treatment and Results of Fractures of the Upper End of the Femur in Adults (excluding the Shaft)." *Proceedings of the Royal Society of Medicine*, February, 1927.

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HORDER, Sir THOMAS, Bart., K.C.V.O., M.D., F.R.C.P. "The Medical Aspects of Hæmaturia." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "MacAlister Lecture on Diet and Dietists." *Lancet*, July 16th, 1927.

HOWELL, C. M. HINDS, M.D., F.R.C.P. "Birth Injuries." *Proceedings of the Royal Society of Medicine*, June, 1927.

——— "Friedreich's Ataxy." *Proceedings of the Royal Society of Medicine*, June, 1927.

CHANGES OF ADDRESS.

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CLARKE, A. H., Private Secretary's Cottage, Domain, Hobart, Tasmania.

MARCH, J. O., Redlynch Lodge, Redlynch, Salisbury.

SIMPSON, D. P., 21, Hamilton Terrace, Partick, Glasgow.

STONE, KENNETH, 9, Boundary Road, St. John's Wood, N.W. 8. (Tel. Primrose Hill 3957.)

TUCKER, H. K., 25, Northdown Avenue, Cliftonville, Margate. (Tel. 246.)

WARREN, A. C., The Lawn, Upper Redlands Road, Reading, Berks. (Tel. Reading 2282.)

APPOINTMENTS.

BARENDT, G. H., B.A., M.R.C.S., L.R.C.P., appointed House Physician to the Royal South Hants Hospital, Southampton.

CULLINAN, E. R., M.D., M.R.C.P., appointed Assistant Physician to Woolwich and District War Memorial Hospital.

FISHMAN, M., M.B., B.S.(Lond.), M.R.C.S., L.R.C.P., appointed Clinical Assistant to O.P. Surgical Department, Willesden General Hospital, N.W. 10.

BIRTHS.

CHANDLER.—On July 13th, 1927, at 1, Park Square, West, Portland Place, to Marjorie, wife of F. G. Chandler, M.D., F.R.C.P.—a daughter.

GERARD-PEARSE.—On June 29th, 1927, at Somerset House, Weymouth, to Joyce, the wife of John Gerard-Pearse, F.R.C.S.—a son.

HUME.—On July 2nd, 1927, at 41, Southway, N.W. 11, to Marjorie (*née* Poole), wife of J. Basil Hume, M.S., F.R.C.S.—a daughter.

MACKIE.—On June 22nd, 1927, at Old Government House, Parel, Bombay, to Mary Elizabeth Haddon (formerly Elwes), wife of Lt.-Colonel F. P. Mackie, I.M.S.—a son.

MOODY.—On July 1st, 1927, at Bournemouth, to Winnie (*née* Rice-Oxley), the wife of Dr. A. J. Moody—a daughter.

PARRISH.—On July 13th, 1927, at Tadworth, Surrey, to Ethel (*née* Whitehead), the wife of John Parrish, M.B., B.S.—a son.

MARRIAGE.

ROLES—CRACE-CALVERT.—On July 30th, 1927, at Holy Trinity Church, Prince Consort Road, W. 8, Francis, only son of Mr. and Mrs. F. Crosbie Roles, of 14, Vicarage Gate, Campden Hill, to Joan, only daughter of the late Dr. George A. Crace-Calvert, J.P., of Llanbedr Hall, Ruthin, North Wales, and of Mrs. Crace-Calvert, of 59, Fitzjames Avenue, Kensington, W. 14.

ACKNOWLEDGMENTS.

Archives of Medical Hydrology.—Bolletino della Società fra i Cultori delle Scienze mediche e Naturali.—The Charing Cross Hospital Gazette.—St. George's Hospital Gazette.—Giornale della Reale Società Italiana d'Igiene.—Guy's Hospital Gazette.—The Hospital Gazette.—The Kenya Medical Journal.—London Hospital Gazette.—Long Island Medical Journal.—St. Mary's Hospital Gazette.—The Medical Review.—The Middlesex Hospital Journal.—The Nursing Times.—The Post-Graduate Medical Journal.—Queen's Medical Magazine.—The Student.—U.C.H. Magazine.

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